

Bölüm 9

ANİ İŞİTME KAYBI

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GİRİŞ

Kohlea fonksiyonlarının akut olarak kaybolması şeklinde ortaya çıkan ani işitme kaybı (AİK), tanısı ve tedavisinin geciktirilmemesi gereken otoloji acillerindedir. Son yıllarda AİK etyolojisinde viral patogenezi destekleyen histolojik ve epidemiyolojik delillerde artış mevcuttur. Hayvan deneylerinde perilenfatik aralığa HSV Tip-1 virüslerinin verilmesi sonucu sistemik enfeksiyon bulguları olmaksızın histopatolojik olarak viral labirentit ile uyumlu olan AİK'nın gelişmiş olduğu gösterilmiştir. Ani işitme kaybının(AİK) etyolojisi şu an için net olarak açık olmasa da, ilk olarak Van Dishoeck ve Bierman 1957 yılında ani işitme kaybı olan hastalarda, öncesinde bir üst solunum yolu enfeksiyonunun varlığını bildirmişlerdir ⁽¹⁾. Bu hipotez birçok çalışmada da AİK olan birçok hastada viral antikorların mevcudiyetinin gösterilmiş olması ile de desteklenmiştir ⁽²⁾.

VİRAL HİPOTEZ

AİK hastalarının yapılan Manyetik rezonans görüntülemesinde de iç kulakta labirentte genişleme gösterilmiştir ⁽³⁾. AİK'lı hastalarda yapılan postmortem kohlear histopatolojik incelemelerde de, viral labirentit sonrası gözlenebilen bulguların, özellikle herpetik viral labirentit sonrası gözlenen kohlear değişikliklere benzer olduğu bulunmuştur ^(4,5,6). Herpes simplex virus Tip 1, normal sağlıklı insan spiral gangliyonlarında latent kalmaya meyillidir ⁽⁷⁾. Deneysel olarak Afrika domuzlarında HSV-1 ile oluşturulan viral labirentit sonrası işitme kaybı geliştiği gözlemlenmiş ve bunlarda izlenen kohlear histopatolojik değişiklikler AİK'lı hastaların bulgularına benzerdir ⁽⁸⁾. AİK için tedavi henüz bilinmemekte olup birçok ilaç denenmiştir; vazodilatörler, plasma genişleticiler, intravenöz kontrast ajanlar, karbon inhalasyonu, kortikosteroidler ve tüm bunların birlikte uygulandığı shotgun terapisisidir ⁽⁹⁾. Verilen tedaviler AİK'nın oluşumuna neden olduğu düşünülen

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